

FOR: HEALTH CARE FINANCING ADMINISTRATION

**TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

3. FEDERAL STATUTE/REGULATION CITATION:

SECTION 1905(-) OF THE SOCIAL SECURITY ACT

3. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

AST. 2.10-A PAGE 17

7. FEDERAL BUDGET IMPACT:

a. FFY	2002	\$	240,000
b. FFY	2003	\$	243,000

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

ATT. 4-19-4 948 15

Nebraska (02-001)
approved: 10/18/02
effective: 01/01/02

10. SUBJECT OF AMENDMENT:

PAYMENT FOR HOSPITAL SPONSORED RESIDENTIAL TREATMENT CENTER SERVICES

11 GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

GOVERNOR HAS WAIVED REVIEW

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Robert L. Sellers

14. TITLE:

Medicaid Administrator

15. DATE SUBMITTED:

January 10, 2002

16. RETURN TO:

NHA Finance & Support
Medicaid Division
ATTN: Margaret Footh
P.O. Box 98026
Lincoln, NE 68509-5026

FOR REGIONAL OFFICE USE ONLY

10-010.03D4 Payment for Hospital Sponsored Residential Treatment Center Services: Payments for hospital sponsored residential treatment center services are made on a prospective per diem basis. Effective January 1, 2002, this rate will be determined by the Department and will be based on historical and future reasonable and necessary cost of providing the service. Payment will be an all-inclusive per diem including all non-physician services.

10-010.03E Payments for Rehabilitation Services: Payments for rehabilitation discharges are made on a prospective per diem.

All rehabilitation services, regardless of the type of hospital providing the service, will be reimbursed on a per diem basis. This includes services provided at a facility enrolled as a provider for rehabilitation services which is not a licensed rehabilitation hospital or a Medicare-certified distinct part unit. The per diem will be the sum of -

1. The hospital-specific base payment per diem rate;
2. The hospital-specific capital per diem rate; and
3. The hospital's direct medical education per diem rate, if applicable.

Payment for each discharge equals the per diem times the number of approved patient days.

Payment is made for the day of admission but not for the day of discharge.

10-010.03E1 Calculation of Hospital-Specific Base Payment Amount: The hospital-specific base payment per diem is calculated as 100% of the median of the hospital-specific base year operating costs for the base year, adjusted for inflation using the MBI from the mid-point of the base year cost report to the mid-point of the rate year (in accordance with the methodology described in 471 NAC 10-010.03B3, #1, 2, 3) per patient day for all rehabilitation free-standing hospitals and Medicare-certified distinct part units.

10-010.03E2 Calculation of Hospital-Specific Capital Per Diem Rate: Capital-related cost payments for the building and fixtures portion of capital-related costs are paid on a per diem (see 471 NAC 10-010.03B7).

10-010.03F Payment for Services Furnished by a Critical Access Hospital (CAH): Effective for cost reporting periods beginning July 1, 1999, and after payment for inpatient services of a CAH is the reasonable cost of providing the services, as determined under applicable Medicare principles of reimbursement, except that the following principles do not apply: the lesser of costs or charges (LCC) rule, ceilings on hospital operating costs, and the reasonable compensation equivalent (RCE) limits for physician services to providers.

Transmittal # MS-02-01

Supersedes

Approved

OCT 18 2002

Effective

01/01/02

Transmittal # MS-01-06